

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 9015	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name KURT OSWALD P O Box Bldg Room No if any Street 1456 W ADAMS City CHICAGO State IL ZIP Code + 4 60607	4 Name file number and address of labor organization Name PAINTERS DISTRICT COUNCIL NO 14 Labor Organization File Number 032-375 P O Box Building and Room Number if any Street 1456 W ADAMS STREET City CHICAGO State Illinois ZIP Code + 4 60607
5 Position in labor organization BUSINESS REP	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest Transaction or Income 7 b Amount.

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed _____ On _____
Date Telephone Number

Name of Person Filing KURT OSWALD	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name CHICAGO PDCA/FCA/IAF</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street 35530 MIGNIN DR</p> <p>City WARRENVILLE</p> <p>State IL ZIP Code + 4 60555</p>	<p>9 Business deals with</p> <p><input type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input checked="" type="checkbox"/> Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name CHICAGO PDCA/FCA/IAF</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11 a Nature of such dealing</p> <p>GOLF OUTING</p>
	<p>11 b Approximate dollar value of such dealing 120.00</p>
	<p>12 a Nature of interest held or income received</p>
	<p>12 b Amount</p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment</p>
<p>13 b Is the Business an Employer or Consultant ?</p>	<p>14 b Amount of payment</p>

Name of Person Filing KURT OSWALD	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name CHICAGO BUILDING TRADES Trade Name if any P O Box Bldg Room No if any SUITE 1850 Street 150 N. WACKER DR City CHICAGO State IL ZIP Code + 4 60606	9 Business deals with <input checked="" type="checkbox"/> Labor Organization b Trust c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	11 a Nature of such dealing CHRISTMAS GIFT CERTIFICATE <hr/> 11 b Approximate dollar value of such dealing 50.00 <hr/> 12 a Nature of interest held or income received <hr/> 12 b Amount

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	14 a Nature of payment. <hr/> 14 b Amount of payment
13 b Is the Business an Employer or Consultant ?	

Name of Person Filing KURT OSWALD	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name **CHICAGO BUILDING TRADES**

Trade Name if any

P O Box Bldg Room No if any **SUITE 1850**

Street **150 N. WACKER DR**

City **CHICAGO**

State **IL** ZIP Code + 4 **60606**

9 Business deals with

☒ Labor Organization

b Trust

c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

COMMITTEE LUNCHEES - 40

11 b Approximate dollar value of such dealing **400.00**

12 a Nature of interest held or income received

12 b Amount

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer or Consultant ?

14 b Amount of payment

Name of Person Filing KURT OSWALD	File Number U-
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<p>8 Name and address of Business (including trade name if any)</p> <p>Name ARNOLD + KADJAN</p> <p>Trade Name if any LEGAL SERVICE PROVIDER</p> <p>P O Box, Bldg Room No if any</p> <p>Street 19 W JACKSON</p> <p>City CHICAGO</p> <p>State IL ZIP Code + 4 60604 3958</p>	<p>9 Business deals with</p> <p><input checked="" type="checkbox"/> Labor Organization</p> <p>b Trust</p> <p>c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11 a Nature of such dealing</p> <p>CHRISTMAS PARTY - DINNER GIFT - CASE OF LIQUOR</p> <p>11 b Approximate dollar value of such dealing 417.06</p> <p>12 a Nature of interest held or income received</p> <p>12 b Amount</p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a Nature of payment</p>
<p>13 b Is the Business an Employer or Consultant ?</p>	<p>14 b Amount of payment</p>

Name of Person Filing KURT OSWALD	File Number U-
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<p>8 Name and address of Business (including trade name if any)</p> <p>Name ARNOLD & KADJAN</p> <p>Trade Name if any LEGAL SERVICE PROVIDER</p> <p>P O Box Bldg Room No if any</p> <p>Street 19 W JACKSON</p> <p>City CHICAGO</p> <p>State IL ZIP Code + 4 60604 3958</p>	<p>9 Business deals with</p> <p><input checked="" type="checkbox"/> Labor Organization</p> <p>b Trust</p> <p>c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11 a Nature of such dealing</p> <p>GOLF</p> <p>11 b Approximate dollar value of such dealing 125.00</p> <p>12 a Nature of interest held or income received</p> <p>12 b Amount</p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a. Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment</p>
<p>13 b Is the Business an Employer or Consultant ?</p>	<p>14 b Amount of payment</p>

Name of Person Filing KURT OSWALD	File Number U-
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<p>8 Name and address of Business (including trade name if any)</p> <p>Name CHICAGO PAINTER & DECORATOR PENSION FUND</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any SUITE 200</p> <p>Street 1000 BURR RIDGE PARKWAY</p> <p>City BURR RIDGE</p> <p>State ILL ZIP Code + 4 60581</p>	<p>9 Business deals with</p> <p><input checked="" type="checkbox"/> Labor Organization</p> <p><input type="checkbox"/> Trust</p> <p><input type="checkbox"/> Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11 a Nature of such dealing</p> <p>LODGING TRAVEL & MEAL EXPENSE REIMBURSEMENT FOR ATTENDING INTERNATIONAL FOUNDATION ANNUAL CONFERENCE AS UNION TRUSTEE IN NEW ORLEANS LA</p> <p>11 b Approximate dollar value of such dealing 2216.78</p> <p>12 a Nature of interest held or income received</p> <p>12 b Amount</p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a. Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment</p>
<p>13 b Is the Business an Employer or Consultant ?</p>	<p>14 b Amount of payment</p>

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<p>8 Name and address of Business (including trade name if any)</p> <p>Name INTERNATIONAL FOUNDATION</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street 18700 W. BLUEMOUND RD</p> <p>City BROOKFIELD</p> <p>State WIS ZIP Code + 4 53008</p>	<p>9 Business deals with</p> <p>a Labor Organization</p> <p><input checked="" type="checkbox"/> Trust</p> <p>c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name CHICAGO PAINTERS & DECORATORS PENSION FUND</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any SUITE 200</p> <p>Street 1000 BURRIDGE PARKWAY</p> <p>City BURR RIDGE</p> <p>State IL ZIP Code + 4 60527</p>	<p>11 a Nature of such dealing REGISTRATION FEES - HOTEL DEPOSIT FOR ATTENDING FOUNDATION CONFERENCE IN CAPACITY AS UNION TRUSTEE IN NEW ORLEANS LA.</p> <p>11 b Approximate dollar value of such dealing 1295.00</p> <p>12 a Nature of interest held or income received</p> <p>12 b Amount</p>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

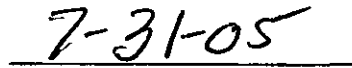
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment</p>
<p>13 b Is the Business an Employer or Consultant ?</p>	<p>14 b Amount of payment</p>

ADDENDUM TO 2004 FORM LM 30

The transactions, dealings and interests that are detailed in the attached Form LM 30 represent my good faith effort to reconstruct the reportable occurrences for the period January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year and some items may have been unintentionally omitted. If in the future it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period January 1, 2004 to December 31, 2004, I will file an amended Form LM 30.

A handwritten signature in cursive script, appearing to read "Kurt Chwall", written over a horizontal line.

Signature

A handwritten date "7-31-05" in cursive script, written over a horizontal line.

Date